

Restricted  
R Confidential  
Limited access



Patent Department - RY 60-30  
Merck & Co., Inc.  
P.O. Box 2000  
Rahway, NJ 07065

RECEIVED  
CENTRAL FAX CENTER

MAY 25 2006

**FACSIMILE COVER SHEET**

Date: May 26, 2006

Please deliver the following message to:

**Commissioner for Patents**

Fax Number: (571) 273-8300  
Phone Number: (571) 272-5759

Examiner's Name: Young Chu  
Group number: 1626  
Phone number: (571)272-5759

**This message is from:**

Name: Sylvia A. Ayler  
Fax number: (732) 594-4790  
Phone number: (732) 594-4909

RE: USSN: 10/521,508  
Filing Date: January 18, 2005  
Applicants' Ref.: Case MC060P  
For: EP4 Receptor Agonists, Compositions and Methods Thereof

NUMBER OF PAGES BEING TRANSMITTED (INCLUDING COVER): 12

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CALL (732) 594-1251

**CERTIFICATION OF FACSIMILE TRANSMISSION**

I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below

Type or print name of person signing certification

Christine Dona

Signature

A handwritten signature in dark ink, appearing to read "Christine Dona", written over a horizontal line.

Date 5/25/2006

PATENT  
CASE NO. MC060P

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450In re application of: HAN ET AL.Serial No. 10/521,508Filed January 18, 2005Group Art Unit 1626Examiner G. ShameemFor: EP4 RECEPTOR AGONISTS, COMPOSITIONS AND METHODS THEREOF

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below.

## CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest Number Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims	* <u>7</u>	-	** <u>20</u> =	<u>0</u> X	\$50	= <u>0.00</u>
Independent Claims	* <u>1</u>	-	*** <u>3</u> =	<u>0</u> X	\$200	= <u>0.00</u>
Multiple Dependent Claims					\$360 ****	= <u>        </u>
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT →						0.00

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Add this fee only if application is amended to include multiple dependent claims (regardless of number) and no multiple dependent claims were originally filed.

Charge \$ 0.00 to Deposit Account No. 13-2755. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2755. A duplicate copy of this sheet is enclosed.

Respectfully,

  
 By: Sylvia A. Ayler  
 Attorney for Applicant(s)
Reg. No. 36,436
 MERCK & CO., INC.  
 Patent Dept., RY60-30  
 P.O. Box 2000  
 Rahway, N.J. 07065-0907
(732) 594-4909Date: May 25, 2006

IN DUPLICATE